PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09213377

CLAIMS AS FILED - PART (Column 1)						nn 2)		SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		1
TOTAL CLAIMS			5		Commission of the Commission o		Γ	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		Ī	BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			/ minus 20=		. 0			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		* 0		Ī	X40=		OR	X80=	
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT				Ī	+135=		OR	+270=	
* If the difference in column 1 is less th				ro, ente	olumn 2	L	TOTAL	355	OR	TOTAL.		
	C	LAIMS AS A	MENDED					SMALL E		OR	OTHER SMALL	4
	h see ta de outres en	(Column 1)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Colu	mn 2) HEST	(Column 3)	_	SWALL	·		SWALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T CL AINA	=		X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=	
							L	TOTAL		OR	TOTAL ADDIT. FEE	
		(0 - 1 4)		(Calu	· 0\	(Column 3)	,	ADDIT. FEE		•	ADDIT, FEE	
		(Column 1) CLAIMS	*1000		imn 2) HEST	(Column 3)	lr		ADDI-	ı		ADDI-
AMENDMENT B	***	REMAINING AFTER AMENDMENT		NUN PREVI	MBER IOUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	XS18=	
	Independent	NTATION OF M	Minus	***	T CLAIM	<u> </u>		X40=		OR	X80=	
<u></u>	FIRST PRESE	INTATION OF W	OLIFEE DEF	LINDLIN	TOLAIM			+135=		OR	+270=	
								TOTAL ADDIT FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)			ımn 2)	(Column 3)	_					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	**		=		X\$ 9=		OR	XS18=	
	Independent		Minus	***	IT OLAIN	=		X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE ADDIT. FEE												
	The "Highest Nur	nber Previously P	aid For" (Total o	r Indepen	ident) is th	e highest numbe	er fou	und in the ap	propriate bo	x in c	olumn 1.	